Qualitative Case Review Eastern Region

Fiscal Year 2006

Preliminary Results

Office of Services Review

March 2006

Executive Summary

- 24 cases were reviewed for the Eastern Region Qualitative Case Review conducted in March 2006.
- The overall Child Status score was 100%.
- Every case had an acceptable score on Safety (100%).
- Health/Physical Well-being and Caregiver Functioning were acceptable on all cases (100%).
- Stability rose from 75% last year to 83% this year.
- Appropriateness of Placement (92%), Emotional/Behavioral Well-being (88%), Learning Progress (88%) and Satisfaction (88%) were all above 85%.
- Prospects for Permanence and Family Resourcefulness each showed declines;
 Prospects for Permanence fell from 75% last year to 63% this year and Family
 Resourcefulness fell from 82% last year to 69% this year.
- The overall score for System Performance (88%) exceeded the exit criteria for the second consecutive year.
- Four of the six core indicators Child and Family Team/Coordination, Child and Family Planning Process, Plan Implementation and Tracking and Adaptation exceeded the 70% mark for exit criteria for the third consecutive year.
- There were solid increases in Child and Family Planning Process (from 71% to 83%), Child and Family Participation (from 79% to 92%), Formal/Informal Supports (from 88% to 96%), Successful Transitions (from 65% to 81%) and Effective Results (from 88% to 100%).
- Decreases were seen in Child and Family Assessment from (63% to 50%) and Long Term View (63% to 54%).
- The A, B, D and F offices all achieved 100% acceptable System Performance on their cases. The other three offices each had only one case that was not acceptable.
- Foster care cases and home-based cases scored identically; each had 88% of the cases with acceptable System Performance.
- Being a new worker did not appear to be a factor. Only four of the cases had workers with less than a year of experience and all of them had acceptable System Performance.

Methodology

The Qualitative Case Review in the Eastern Region was held the week of March 6-10, 2006. Twenty-four open DCFS cases were selected and reviewed. Certified reviewers from the Child Welfare Policy and Practice Group (CWPPG), the Office of Services Review (OSR) and the Division of Child and Family Services (DCFS) reviewed the cases as well as reviewers from outside stakeholders. The cases were selected by CWPPG based on a sampling matrix assuring that a representative group of cases was reviewed. The sample included children in out-of-home care and families receiving home-based services such as voluntary and protective supervision and intensive family preservation. Cases were selected to include offices throughout the region.

The information was obtained through in-depth interviews with the child (if old enough to participate), his or her parents or other guardians, foster parents (when placed in foster care), caseworker, teacher, therapist, other service providers and others having a significant role in the child's life. In addition the child's file, including prior CPS investigations and other available records, was reviewed.

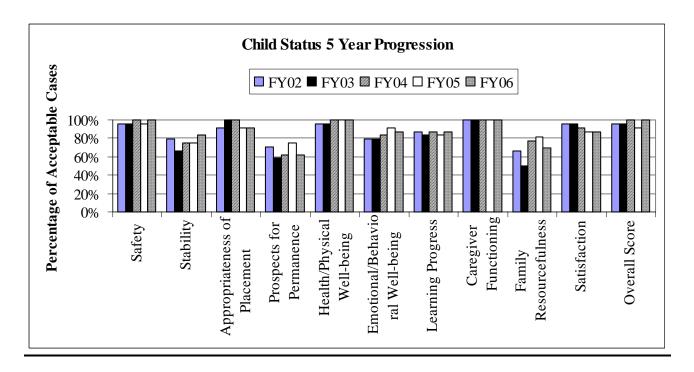
Preliminary data

The results in the following tables are based on the scores submitted at the end of the Eastern Region Review. They contain the scores of 24 cases. These results are preliminary and are subject to change until all reviewers have submitted their case stories.

Eastern Region Child Status												
	# of	# of						FY02	FY03	FY04	FY05	FY06
	cases	cases										Current
	(+)	(-)	Exit Criteria	85% on c	verall	score						Scores
Safety	24	0				100	0.0%	96%	96%	100%	96%	100%
Stability	20	4				83.3	3%	79%	67%	75%	75%	83%
Appropriateness of Placement	22	2				91	1.7%	92%	100%	100%	92%	92%
Prospects for Permanence	15	9			62	5%		71%	58%	63%	75%	63%
Health/Physical Well-being	24	0		· · · · · ·		100	0.0%	96%	96%	100%	100%	100%
Emotional/Behavioral Well-being	21	3				87	.5%	79%	79%	83%	92%	88%
Learning Progress	21	3					.5%	88%	83%	88%	83%	88%
Caregiver Functioning	15	0).0%	100%	100%	100%	100%	100%
Family Resourcefulness	9	4				69.2%		67%	50%	77%	82%	69%
Satisfaction	21	3					.5%	96%	96%	92%	88%	88%
Overall Score	24	0		- 1	- 1	100	0.0%	96%	96%	100%	92%	100%
			0% 20%	40%	60%	80% 1	00%					

⁽⁺⁾ cases acceptable

Note: These scores are preliminary and subject to change



1)

⁽⁻⁾ cases needing improvement

This score reflects the percent of cases that had an overall acceptable Child Status score.

Statistical Analysis of Child Status Results:

The overall Child Status score was 100%!

Three Child Status indicators reached 100%: Safety, Health/Physical Well-being and Caregiver Functioning. Appropriateness of Placement (92%), Emotional/Behavioral Well-being (88%), Learning Progress (88%) and Satisfaction (88%) were not far behind. Stability rose from 75% to 83%.

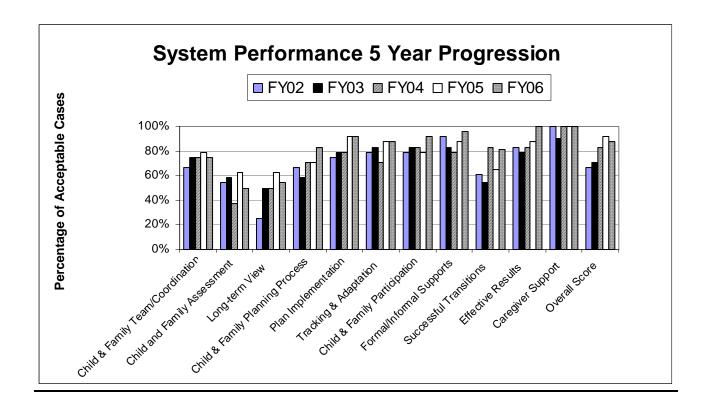
There were decreases on two indicators. Prospects for Permanence fell from 75% to 63% and Family Resourcefulness fell from 82% to 69%. Both of these indicators achieved their highest level last year (2005) and then fell back near the 2004 level this year.

Eastern Region System Perform	ance										
	# of	# of					FY02	FY03	FY04	FY05	FY06
	cases	cases	Exit (Criteria 70% on Sha	ded indicat	tors					Current
	(+)	(-)	Exit (Criteria 85% on ove	rall score						Scores
Child & Family Team/Coordination	18	6			75%		67%	75%	75%	79%	75%
Child and Family Assessment	12	12		50%			54%	58%	38%	63%	50%
Long-term View	13	11		54	%		25%	50%	50%	63%	54%
Child & Family Planning Process	20	4			83%		67%	58%	71%	71%	83%
Plan Implementation	22	2			92	%	75%	79%	79%	92%	92%
Tracking & Adaptation	21	3			889	6	79%	83%	71%	88%	88%
Child & Family Participation	22	2			92	%	79%	83%	83%	79%	92%
Formal/Informal Supports	23	1				6%	92%	83%	79%	88%	96%
Successful Transitions	17	4			81%		61%	54%	83%	65%	81%
Effective Results	24	0				0%	83%	79%	83%	88%	100%
Caregiver Support	16	0				0%	100%	90%	100%	100%	100%
Overall Score	21	3	ļ	1 1 1	889	6	67%	71%	83%	92%	88%
			0%	6 20% 40% 60%	80% 100	0%					

(+) cases acceptable (-) cases needing improvement

(1) This score reflects the percent of cases that had an overall acceptable System Performance score.

Note: These scores are preliminary and subject to change



Statistical Analysis of System Performance Results

The overall score for System Performance was 88%. They exceeded the exit criteria for the second consecutive year.

Four of the six core indicators, Child and Family Teaming/Coordination, Child and Family Planning Process, Plan Implementation, and Tracking and Adaptation exceeded the 70% exit criteria. This was the third consecutive year that all four of these core indicators have exceeded the exit criteria. This is an indication that this region is implementing the Practice Model principles in their day-to-day practice.

Five System Performance indicators showed improvement (Child and Family Planning Process, Child and Family Participation, Formal/Informal Supports, Successful Transitions, and Effective Results). Plan Implementation (92%), Tracking and Adaptation (88%) and Caregiver Support (100%) sustained the high scores they achieved last year.

The two core indicators that have not yet met the exit criteria were Long Term View (54%) and Child and Family Assessment (50%). Overall there were four System Performance indicators that increased, four that remained the same, and three that slightly declined.

ANALYSIS OF DATA

RESULTS BY CASE TYPE AND PERMANENCY GOALS

Foster care cases and home-based cases scored identically on the percentage of cases with acceptable System Performance at 88%. Fourteen out of sixteen foster care cases had acceptable overall System Performance while seven out of eight home-based cases had acceptable overall performance. The average overall System Performance was nearly identical. Foster care cases had an average score of 4.4 while home-based cases had an average of 4.1.

Case Type	# in sample	# Acceptable System Performance	% Acceptable System Performance	Average Overall System Performance
Foster Care	16	14	88%	4.4
Home-based	8	7	88%	4.1

The permanency goal did not have much impact on the System Performance scores. In the past, cases where the goal was Reunification tended to score lower, but this was not the pattern this year; all of the cases with a Reunification goal had acceptable System Performance. Improvement was also seen in cases that had a goal of Remain Home. Last year cases with a goal of Remain Home scored 83%. This year every case with a goal of Remain Home had acceptable System Performance (100%). Cases with the goal of Adoption typically score very well on System Performance. This year two of the four cases with the goal of Adoption had unacceptable System Performance (50%), but in looking at the two cases where System Performance was unacceptable it is clear that they are not typical adoption cases. In one case the children are placed with grandparents but the parents are still fighting for custody and it is uncertain whether the placement with the grandparents was stable enough to proceed with the adoption. In the other case the child had strong feelings about not wanting to be adopted and just prior to the review the working goal was changed to Reunification.

Goal	# in sample	# Acceptable System Perf	% Acceptable System Perf	Average Overall System Perf
Adoption	4	2	50%	4.0
Guard-Non relative	1	1	100%	4.0
Individualized			000/	4.4
Permanency	9	8	89%	4.4
Remain Home	7	7	100%	4.3
Reunification	3	3	100%	4.7
Total	24	21	88%	4.3

RESULTS BY AGE OF TARGET CHILD

All cases with children under age five had acceptable System Performance, and all but one case with teenagers had acceptable System Performance. There were two cases of children age 6 to 12 that had unacceptable System Performance. These were the previously mentioned cases where the stated goal was Adoption, but both had significant barriers to moving forward with the goal.

Age	# in sample	# Acceptable System Performance	% Acceptable System Performance
0 to 5 years	6	6	100%
6 to 12 years	4	2	50%
13+ years	14	13	93%

RESULTS BY CASEWORKER DEMOGRAPHICS

Caseload

Although the table shows three workers having caseloads of more than 17 cases, the caseload of one of those workers is very high due to the unique nature of the cases, so it was omitted when calculating the average caseload in order to prevent skewing. With the omission of that worker, only two other caseworkers had high caseloads. One of those workers had 17 cases and the other had 20.

Two of the three cases with unacceptable System Performance were from workers who had manageable caseloads (10 or 11 cases) and one of the cases was from a worker with 17 cases. Although it appears from the table that higher caseload had a significant impact on scores because workers with manageable caseloads had 90% of their cases acceptable while only 67% of the workers with high caseloads had acceptable

performance, the number of cases in each group affected the percentages. Although there was only one caseworker with a high caseload that had unacceptable System Performance, this lowered the percentage to 67% because there were only three workers in the sample that had high caseloads.

The average number of cases per worker was 12. It is likely that part of the reason for Eastern's success this year is that caseloads have been kept within manageable levels.

Caseload Size	# in sample	# Acceptable System Performance	% Acceptable System Performance
16 cases or less	21	19	90%
17 cases or more	3	2	67%

Worker Experience

The following tables compare the performance of new workers (12 months or less experience) and experienced workers (more than 13 months experience) for the past three years. A number of interesting points are illustrated by the tables.

- In all three years new workers had a higher percentage of cases with acceptable System Performance than experienced workers had.
- The average score for new and experienced workers was identical for the past two years. This year the average score for new workers exceeded the average score of experienced workers by half a point!
- The number of experienced workers has increased each year.

Fiscal Year 2004

Months of Caseworker Experience	# in sample	# Acceptable System Performance	% Acceptable System Performance	Average Overall System Performance
12 months or less	7	7	100%	4.1
13 months or more	17	13	77%	4.1

Fiscal Year 2005

Months of Caseworker Experience	# in sample	# Acceptable System Performance	% Acceptable System Performance	Average Overall System Performance
12 months or less	6	6	100%	4.3
13 months or more	18	16	89%	4.3

Fiscal Year 2006

Months of Caseworker Experience	# in sample	# Acceptable System Performance	% Acceptable System Performance	Average Overall System Performance
12 months or less	4	4	100%	4.8
13 months or more	20	17	85%	4.3

RESULTS BY NUMBER OF MONTHS CASE WAS OPEN

OSR looked at the number of months the case had been open to see if this affected scores. Only one case had been open for less than 6 months, and it had acceptable System Performance. The cases that had been open six to 12 months and those that had been open a year or more performed nearly identically on both the percentage of acceptable cases (88% versus 87%) and the average score (4.4 versus 4.3).

# Months Open	# in sample	# Acceptable System Performance	% Acceptable System Performance	Average System Performance Score
0 to 6 months	1	1	100%	5.0
7 to12 months	8	7	88%	4.4
13+ months	15	13	87%	4.3

RESULTS BY OFFICES AND SUPERVISORS

BY OFFICE

The following table displays the overall case results by office and supervisor. Four of the seven offices in the Eastern region had 100% of their cases acceptable on System Performance and every office had 100% of their cases acceptable on overall Child Status. The excellent and consistent performance across the region led to excellent results overall as the region scored 88% on overall System Performance.

CHILD STATUS								
				_				
	# in sample	# Acceptable	% Acceptable	Avg score				
Α	3	3	100%	4.7				
В	2	2	100%	4.5				
С	3	3	100%	5.0				
D	6	6	100%	5.0				
E	5	5	100%	5.4				
F	3	3	100%	4.3				
G	2	2	100%	4.5				
TOTAL	24	24	100%	4.9				

SYSTEM PERFORMANCE									
	# in sample	# Acceptable	% Acceptable	Avg score					
Α	3	3	100%	4.3					
В	2	2	100%	4.5					
С	3	3	100%	4.3					
D	6	6	100%	4.4					
E	5	4	80%	4.4					
F	3	2	67%	4.0					
G	2	1	50%	4.0					
TOTAL	24	21	88%	4.3					

BY SUPERVISOR

Similarly outstanding results were achieved by the individual supervisors. Every supervisor had 100% acceptable cases on overall Child Status and seven out of ten supervisors also had 100% acceptable cases on overall System Performance. The three cases with unacceptable overall System Performance were spread among three different supervisors; no supervisor had more than one case that had an unacceptable overall System Performance score.

	CH	IILD STAT	US	
			%	
			Acceptabl	
	# in sampl	# Acceptal	е	Avg score
А	2	2	100%	4.0
В	3	3	100%	4.7
С	3	3	100%	5.0
D	2	2	100%	4.5
E	2	2	100%	5.5
F	4	4	100%	5.5
G	2	2	100%	5.0
Н	3	3	100%	4.3
J	2	2	100%	4.5
K	1	1	100%	5.0
TOTAL	24	24	100%	4.9

	SYSTEM PERFORMANCE									
			%							
			Acceptabl							
	# in sample	# Acceptal	е	Avg score						
Α	2	2	100%	4.0						
В	3	3	100%	4.3						
С	3	3	100%	5.0						
D	2	2	100%	4.5						
E	2	1	50%	4.0						
F	4	4	100%	4.8						
G	2	2	100%	4.0						
Н	3	2	67%	4.0						
J	2	1	50%	4.0						
K	1	1	100%	5.0						
TOTAL	24	21	88%	4.3						

DELINQUENCY VERSUS NON-DELINQUENCY CASES

Due to a question raised during the review week about the possible negative effect on scores of delinquency cases, OSR compared delinquency cases to non-delinquency cases. As the following table illustrates, there was virtually no difference in the percentage of cases that scored unacceptable on overall System Performance.

SYSTEM PERFORMANCE									
	# in sample	in sample # Acceptable % Acceptable		Avg score					
Delinquency	7	6	86%	4.3					
Non-									
Delinquency	17	15	88%	4.4					
TOTAL	24	21	88%	4.3					

FUNCTIONAL ASSESSMENT AND LONG-TERM VIEW

Eastern Region exceeded exit criteria on overall Child Status, overall System Performance, and four of the six core indicators. The challenge remaining for the region is to achieve 70% or better on the two indicators (Child and Family Assessment and Long-term View). OSR looked at how each office scored on these indicators to see if there were offices that excelled while other offices lagged. The B office scored 100% on both Child and Family Assessment and Long-term View. The A office scored 100% on Long-term View and had only one case that was unacceptable on Child and Family Assessment. Conversely the C office, D office, F and G offices struggled on these indicators. Neither of the G office cases had acceptable Long-term View and only one case had acceptable Child and Family Assessment. The C office and F office had only one case that passed each indicator. The D office had only 2 of 6 cases acceptable on Child and Family Assessment and only 3 of 6 cases acceptable on Long-term View.

A strong correlation between the scores on Child and Family Assessment and Long-term View was apparent. Of the 24 cases reviewed, 11 had acceptable scores on both Child and Family Assessment and Long-term View while 10 had unacceptable scores on both indicators. These two indicators were nearly always scored the same; either both were acceptable or neither was acceptable.

Office	# in sample	# Acceptable Assessment	% Acceptable Assessment	# Acceptable Long term View	% Acceptable Long term View
Α	3	2	67%	3	100%
В	2	2	100%	2	100%
С	3	1	33%	1	33%
D	6	2	33%	3	50%
E	5	3	60%	3	60%
F	3	1	33%	1	33%
G	2	1	50%	0	0%

CONCLUSION

Eastern Region did very well on their QCR review this year. They achieved an optimal score of 100% on overall Child Status and an impressive 88% on overall System Performance, both of which exceeded the exit criteria. They also exceeded the exit criteria on four of the six core indicators. The region continues on the course it has set. The fundamentals are in place and they are now looking at refining practice and improving scores on the two remaining core indicators.

Content Analysis Eastern Region

Cases with Unacceptable Family Functioning

Eastern region had only four cases with unacceptable Family Functioning. Three of these four cases also had unacceptable Child and Family Assessment and Long Term View. Officially one case had a goal of Adoption, one had a goal of Individualized Permanency and two had the goal of Remain Home, but in reality the cases with Adoption and Individualized Permanency goals were both reunification cases.

These two reunification cases had an important factor in common that was a barrier to acceptable Family Functioning, namely, the parent or potential step parent did not want the children returned home. In case #11, the focus of the case changed from Adoption to Reunification just days before the review. Father had not been planning on reunification; he had been planning on starting a new family with his pregnant girlfriend. Other than visitation there had not been any services in place for him. In case #15, the mother did not want her delinquent child returned to her, so she is not seeking services. Because they do not want reunification the parents have not been motivated to achieve acceptable functioning, and services have either not been offered (because reunification services had been terminated) or not been accessed.

In the other two cases, the parents have limitations which are affecting their ability to achieve acceptable functioning. In case #21, the mother has mental health issues and is in denial about the conditions of her home and the truancy that brought the children into care. Two weeks prior to the review the family moved from a rural area to an urban area with the goal of living in an area where mental health and educational services are available. It is too soon to tell if having access to services will improve the family's functioning. In case #23, the mother's "maturity level is insufficient to model changes in behavior" and she "has issues with cognitive functioning." Mental health, medical and casework services are in place for this family, but the mother's limited abilities are expected to require services long term. The reviewers did suggest that formal and informal supports could be more effectively utilized, the team could function better, and there may be some potential for services to improve the family functioning, but the case has already been open for over nine years and most team members expect the family will need services indefinitely in order to function due to the mother's cognitive limitations.

Case	Goal	FA	FF	Comments
#11	Ad/Reun	3	3	Father has been clean for two years and is in the third phase of drug court. He is active in AA/NA and has a sponsor. His girlfriend is in the second level and may not be able to support Father's sobriety. Father was not expecting to reunify with his sons, he was planning on starting a new family with his pregnant girlfriend. Mother

				may interfere if she learns boys will be reunited with their father. Mother is a risk to the boys. It is unknown if Father will be able to care for the children. Dad's girlfriend burst into tears when the reunification plan was announced to her and Father. The sudden change in plans (from adoption to reunification) has frightened Father.
#15	IP/Reun	2	3	Although the team is working on reunification the mother is not. Almost a year has lapsed and she has made no efforts. Child is in care for delinquency. She has not been ordered to do anything and there are no expectations of her. There has not been a maternal bond with the child. Mother is not seeking services such as counseling to promote reunification. The mother is highly satisfied with DCFS.
#21	Remain	4	3	Children were placed under jurisdiction of the court for truancy. Condition of the home was also an issue. The primary factor contributing to unfavorable results is the mother's mental health issues. The new team will need to work hard to stay focused on how the mother's mental health impacts the children's ability to function and develop.
#23	Remain	3	3	There have been 62 show cause motions filed with the court for the times the children are late or absent from school. Rather than exercising parental authority by having rowdy teenagers leave, the mother joined with them and had a general inability to control her home. Mother does not have the ability to take control to modify child's negative behaviors. The mother's maturity level is insufficient to model the necessary changes in behavior.

Cases with Unacceptable Child and Family Assessment

Eastern Region had 12 cases with unacceptable scores on Child and Family Assessment. Ten of these 12 cases also had an unacceptable score on Long-term View. Five of the cases had unacceptable scores on teaming. The other seven cases had acceptable scores on teaming, but none scored higher than a 4 (minimally acceptable). The relationship between teaming and assessment was evident in reviewers' comments as they referred to things that were not known by the team, team members needed more information, issues hadn't been brought up in team meetings, or there had been no analysis by the team of strengths and needs. Six of the stories specifically mentioned lack of teaming as an issue leading to the unacceptable assessment.

OSR analyzed reviewers' comments to evaluate where they felt assessment was lacking. In five of the cases the reviewers primarily cited lack of assessment around the child (#13, #14, #15, #20, #22), in three cases the lack of assessment was primarily around the parents (#2, #18, #23) and in three cases the lack of assessment involved both the child and the parent (#11, #19, #24).

Case	Goal	FA	LTV	FF	Comments
#2	Reun	3	3	4	There are concerns about financial issues and how Father will do financially as he provides for the children rather than just himself. The CFA lacks the input from the parents' therapists as the parents have not been required to sign release of information documentation. Both parents are involved in individual therapy. It is unknown by the team what issues are being handled in these sessions and how these issues will impact the children's return home. There are signs of domestic violence that haven't been addressed.
#7	Ind Perm	3	4	4	The Functional Assessment had not been updated since 17Oct05 and then only in the areas of "protection" and "culture". Other areas of the assessment had not been updated for over a year or longer. The Functional Assessment did not reference use of a psycho-educational assessment and a family preservation assessment. Information in the assessment did not represent the current status of the case or support the current direction of case activities.
#11	Reun	3		3	There has not been a really good functional assessment of the parenting abilities of Father and girlfriend. There also is not a real plan for

					what happens if they end up refusing custody of the boys or fail at being able to care for them. It is unknown how the child will be served in the new school district, how the family will be blended, or what informal supports can be garnered. A back up plan needs to be prepared. What would a move to New Mexico entail? Is ICPC really a barrier? How would Medicaid be affected? Child needs a medication evaluation for ADHD.
#13	IP.	3	3	NA	A better clinical picture of the child might enable his team to devise supportive services in a wraparound fashion for both him and his foster mother. Understanding his emotional well-being might also enable the school and other service providers to craft plans to address his worsening behavioral expressions. No one on the team knew whether his actions were willful or not due to MMR and FAS conditions.
#14	IP	3	3	NA	The child is 17 yet the CFA has little in the way of discussion around her needs to prepare for adult living. It also does not adequately reflect the understanding the caseworker and foster mother have of her underlying needs. There was no analysis or conclusions by the team. It appears the assessment was prepared by the caseworker without much involvement from the team.
#15	IP/Reun	2		3	There is need for better assessment to know at what grade level the child performs. The mental health provider was unclear on the plan and therapy needs. Therapy was not being done. The assessment process suffers due to the lack of teaming input and collaborative planning. There are some shared "understandings" among team members of the child's needs but not clear assessments and analysis. Some critical issues such as stealing, mother's abilities, and loss issues for the child are not properly assessed. Foster parent wasn't sure where the case was heading.
#18	Remain	3	3	4	Team members identified critical needs that are yet to be assessed. The main one is a sexual assessment. There is a concern about father and his future relationships. Some of father's needs have been identified and some have not. The needs of the daughters are not clear. The roles of the grandparents are not clear. An informal

					bonding assessment was done but no formal tools were used.
#19	Remain	3	3	4	Many of the underlying needs center around the capability and willingness of the mother and child. Will child attend school w/o DCFS oversight? What is their ability to raise the child's child? There were members of the team that needed more information. The CFA would have been more complete with feedback from the medical community, special education services and coordination of information among all team members.
#20	Adoption	3	3	4	The child continues to struggle with intrusive thoughts and flash backs but isn't in treatment. The underlying mental health needs haven't been addressed. The child and family need to address unresolved grief, trauma, and loss. Child's mental health assessment was missing from the record. Team members didn't know her diagnosis. There was confusion about why mental health treatment had been stopped.
#22	Remain	3	4	5	The assessment process was generally positive and consistent with good practice model sequencing. Meetings were held, family input was obtained, choices for intervention were proffered and family decisions were honored. As a result the cycle became central to planning and treatment efforts.
					The assessment process yielded findings that met the needs of the family as a whole and addressed the significant needs that brought the family to the agency's attention. However, the team also believed that the child and siblings should have mental health assessments. Target child, whose grades had been noted as slipping and whose behavior in school seemed to be presenting teachers with a new challenge, was seen as requiring the assessment. Despite the identified need the assessments of the children were not completed (aside from contact in therapy) and findings were not shared among team members.
					Some systems scores were also impacted as the result of a sketchy assessment document, and

					the lack of a refined process for making assessment decisions within the team. As a result, father's needs took front and center while the issue of child's slipping grades and increasing behavior problems at school did not receive adequate examination.
#23	Remain	3	3	3	The therapist acknowledges a pattern of poor communication within his own agency as to how to treat this family. It will be helpful to look at the agency's current community partners to assess which entity will be in better position to monitor the mother long term. There seems to be a continuous struggle to determine what is in the best interest of the children if the mother's actions revert to her former behaviors and if agency services are withdrawn.
#24	Reunif	3	3	4	The CFA process identified some strengths and needs of the family but the focus seemed to be on mother's substance abuse treatment and drug court. Significant mental health issues identified through formal assessments were not brought up in CFTM's and are not addressed in the plan. Domestic Violence history appears to have been overlooked.

Eastern Region Exit Conference

March 10, 2006

Strengths

Engagement

- Caseworker goes the extra mile, CW visits kids even when they are away from home, travels long distances (E18) (E7) (E16) (E19)
- Good communication amongst parents, caregiver and caseworker, team (E17) (E14) (E03)

Teaming (E10)

- Size and composition of CFTM adapted to child's needs and flexibility in setting meeting times (E7)
- Team very involved in planning, caring and committed and supportive (E16) (E8) (E19) (E17)
- Regular teaming (E11) (E6)
- Good use of community partners in teams, good use of bringing in clinical consultant to help when CFTM are stuck (E24) (E01)

Planning and Implementation

Foster parent and child feel ownership of plan (E04)

Placements

- Foster parents very dedicated and skilled, support foster placements (E7) (E11) (E09) (E14) (E05) (E13) (E15)
- Great kinship placement

Child and Family Assessment

- Good recognition of underlying needs (E24)
- Good match of services to needs (E17)

Other

- Good sequencing (E21)
- Willingness to be flexible about release from custody (E12)
- Siblings continue visit despite distances (E13)
- Learning progress (E10)
- Great LTV (E09)
- Good service provision (E01)
- Transition well planned (E8) (E09) (E21) (E10)
- Formal supports willing to become informal supports when case closes (E12)
- Creative use of funding for independent living (E12)
- Consistent caseworker and foster placement (E12)

Practice Improvement Opportunities

Child and Family Assessment

- Need to assess for underlying issues and record them in the assessment (E18) (E14) (E4)
- Complete assessments on a timely basis (E7)
- More in-depth assessment of kinship placement (E24)
- Better follow up with assessment information (E24)
- Better assessment of emotional health needs (E17)

Child and Family Planning

- Develop concurrent plan particularly when there are potential disruptions (E18)
- Update assessments and LTV as conditions change (E7)

Teaming

- Expand CFTM, include family, Mental Health, School (E18) (E20) (E13) (E7)
- Better sharing of information needed particularly with GAL, Nurse, therapist (E7) (E16) (E19) (E02)
- Include partners earlier in the case (E21) (E15)

Formal and Informal Supports

- Develop more informal and formal supports (E11) (E09) (E12)
- Assist Mother in developing informal support skills and networks (E17)
- Build more informal supports for client aging out of the system (E01)
- Reconnect Native American child to his family and allow child to visit with a parent whose reunification services are terminated (E13)
- Therapy needed to address underlying issues (E10)

LTV

- Develop LTV beyond case closure (E24)
- Use the team to develop steps to achieve LTV (E14) (E10) (E15)

Other

- Move to less restrictive placement (E10)
- Very lengthy time (since 2001) to adoption from when kids were freed for adoption (E8)
- More concrete plan for transitions (E02) (E14) (E1)

System Barriers

- Drug court appears to have harsh consequences (E18)
- UA only has an 8:00 to 5:00 schedule (E18)
- More respite care needed (E7)
- Delay in getting written MCA from Four Corners Community Behavioral Health (E7)
- Lack of resources: group therapy for sex offenders (E16), Educational services and mental health (E21) (E15) pressure to move, step kids down for financial reasons (E12), Tribal resources (E13) no independent living services via the Ute Family Center (E4)
- BCI check took over two months (E08)
- ICPC time and paperwork takes too long (E11)
- Accessing Mental Health services in a timely manner (E20)
- Psychological Evaluations need releases signed up front (E19)
- High turnover (E24)
- Poor communication with Northeastern Counseling Center
- More supports for foster parents (E09)
- More funding for Substance Abuse treatment (E09)
- More collaboration with team partners, ILP program (E09) (E14)
- Lack of educational resources (E21)
- Lack of subsidy for guardianship placements (E3)
- Ute office staff feels guardianship is discouraged (E4)

Region Input

- Turned around and going the right direction, building steam
- Mentoring and training are key